

**Arizona Department of Health Services**  
Physical Activity Program  
Promoting Lifetime Activity for Youth Program

**TEACHER PARTICIPATION FORM**

Teacher's Name: \_\_\_\_\_ Principal's Name: \_\_\_\_\_  
 School Name: \_\_\_\_\_ School Code #: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Please indicate below which year this is that you have participated in the program:

☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th ☐ 7th ☐ 8th ☐ 9th ☐ 10th

Please answer these questions for <u>EACH</u> classroom you teach. (If you teach more than 4 classrooms, complete an additional form.)	<u>CLASSROOM</u>			
	#1	#2	#3	#4
Number of students in participating classroom				
Grade of the participating classroom				
Date when will the participating classroom begin				
Does your school have a physical education (PE) program?				
Does your school have a dedicated PE teacher (only teaches PE)?				
How many days/week does this classroom participate in PE?				
How many minutes/day does this classroom participate in PE?				
How many minutes/day does this classroom have recess?				
Are students allowed to access the school grounds <u>before</u> school?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are students allowed to access the school grounds <u>after</u> school?				<input type="checkbox"/> Yes <input type="checkbox"/> No

**Teacher's Agreement**

By signing this form, I, \_\_\_\_\_, agree to attend the teacher training, provide my students with a physical activity break for a minimum of two (2) days per week, discuss the importance of physical activity with my students when appropriate, and monitor the activity logs and wall charts.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date